

Completion of this form is voluntary, however to receive a permit you must complete the form. To receive a permit, send the completed application and fee(s), check or money order, payable to: Barron County DHHS, to the above address. Incomplete information may delay processing your application. An inspection is required before your permit can be issued. **Type or Print Only.**

Establishment Name	County
Establishment Street Address, City, State and Zip Code	Establishment Telephone ( )
Legal Licensee (such as name of sole proprietor or partnership, or LLC, LLP, Inc.)	Email Address
Licensee Street Address, City, State and Zip Code (Where permit will be sent)	Legal Licensee Telephone ( )
Event/Location of 1 <sup>st</sup> Event	Date of Event (s)
State ID Number (Obtain off last year's permit, if available)	

1. List each **potentially hazardous** food item, and indicate which preparation procedure will occur in the space below. **Potentially hazardous** includes an animal FOOD (a FOOD of animal origin) that is raw or heat-treated; a FOOD of plant origin that is heat-treated or consists of raw seed sprouts; cut melons; and garlic-in-oil mixtures. Any food that consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, edible crustacea, or other ingredients, including synthetic ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms.

[illegible]

2. Identify all equipment including hand washing, dishwashing, ranges, grills, hot food holding facilities, refrigerators, worktables, food/single-service storage, etc.

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3. Describe how food preparation and utensil washing areas will be effectively screened to prevent contamination from flies and other insects:

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4. Describe source and storage of water, storage and disposal of wastewater, and storage and disposal of garbage.

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**ADDITIONAL EVENTS NAMES AND DATES YOU ARE CONSIDERING SERVING:**

- 1) 

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- 2) 

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- 3) 

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I, the applicant, understand that I am responsible for the following:

No temporary restaurant shall operate without first obtaining a permit to do so.

The permit may be suspended if serious violations exist.

**The Public Health Inspector may alter or exclude menu items depending on the nature and location of an event.**

Your signature below will acknowledge that you have received a copy of the code or information as to where to obtain a copy and will comply with Chapter HFS 196, Restaurants of the Wisconsin Administrative Code and the Appendix, and the above-described establishment will be operated and maintained in accordance with applicable regulations.

<b>SIGNATURE</b> – Applicant	Date Signed
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DEPARTMENT COMMENTS:

Approved by:	Date
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I understand that this permit is valid in all areas that are inspected by the Barron County Department of Health and Human Services (BCDHHS). Additionally, I understand that other Health Departments acting as Agents of the State have the authority to issue a separate license or charge an inspection fee. Finally, I agree that if I am unable to produce this permit at an inspection by a BCDHHS employee, I shall be required to purchase a new permit for \$100, or cease operations. Additionally, purchased permits are not refundable.

**If you would like to receive a copy of “Guidelines for Operating a Temporary Restaurant” or if you have any questions, please call Celina at 715-537-6815 or Travis at 715-537-6104.**